

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
9/25/2003

CALIFORNIA  
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM4

☐ Amendment (Explain Below)

from 1/1/2003

through 9/20/2003

Date of election if applicable:  
(Month, Day, Year)

10/7/2003

Page 1 of 5

For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1258279

COMMITTEE/FILER'S NAME

Community Civic Participation Project sponsored by Labor Organizations

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814 ((21)3) -738-8405

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Jack Gribbon

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Francisco CA 94102 (415) 553-3280

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE		CHECK ONE	
			SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
Classification by Race, Ethnicity, Color or National Origin	54	Statewide		X

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
9/17/2003	Bendixen and Associates, Inc. Coral Gables, FL 33134	Expenses for Phonebank	\$16,000.00	\$16,000.00
9/6/2003	CA State Council of Service Employees COPE Sacramento, CA 95814	Phonebank	\$536.70	\$536.70
9/6/2003	Hotel Employees and Restaurant Employees International Union Washington, DC 20007	Phonebank	\$999.90	\$999.90

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## Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

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OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

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CALENDAR YEAR  
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
9/6/2003	Hotel Employees and Restaurant Employees Local 11 Los Angeles, CA 90017	Phonebank	\$486.00	\$486.00
9/6/2003	Political Data, Inc. Burbank, CA 91507	Phonebank	\$988.72	\$988.72
9/15/2003	Rita Copeland dba River City Business Svcs. Sacramento, CA 95841	Phonebank	\$1,805.87	\$1,805.87

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## Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
	Internal Revenue Service Ogden, UT 84409	Phonebank	\$00	\$00
9/6/2003	Service Employees International Union Local 1877 Los Angeles, CA 90017	Phonebank	\$523.11	\$523.11
9/6/2003	Service Employees International Union Local 660 Los Angeles, CA 90020	Phonebank	\$400.00	\$400.00

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## Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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9/15/2003	Telincs Communications, Inc. Los Angeles, CA 90005	Phonebank	\$2,500.00	\$5,000.00
9/19/2003	Telincs Communications, Inc. Los Angeles, CA 90005	Phonebank	\$2,500.00	\$5,000.00
9/6/2003	Voter Improvement Program Los Angeles, CA 90006	Phonebank	\$800.00	\$800.00

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4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.)	\$27,540.30
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$5,779.70
3. Total independent expenditures made this period (Add Lines 1 + 2.)	\$33,320.00
TOTAL	

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

2) NAME OF FILING OFFICER

Los Angeles County Registrar Recorder

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Norwalk CA 90650

3) NAME OF FILING OFFICER

Sacramento County Registrar of Voters

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95827

4) NAME OF FILING OFFICER

San Francisco County Registrar Recorder

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

San Francisco CA 94102

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/22/2003  
DATE

Executed on 9/22/2003  
DATE

Executed on  
DATE

Executed on  
DATE

By Gribbon Gribbon Gribbon Gribbon  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Gribbon Gribbon Gribbon Gribbon  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT